

Gill Chabra Farms

P.O. Box 1450
Lodi, CA 95241

Tel. (209) 334-6583
Fax (209) 334-2416

Sent via email to wrhearing@waterboards.ca.gov

12/20/16

Division of Water Rights
State Water Resources Control Board
Attn: Michael Buckman, Hearings Unit Supervisor
P.O. Box 2000
Sacramento, CA 95812-2000

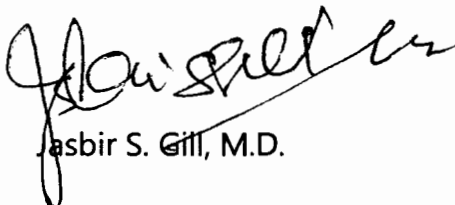
Re: License #10669 (Application #A021294)

Dear Mr. Buckman:

I am in receipt of your letter dated 11/28/16, which was received on 12/13/16. I am writing to appeal the ACL Complaint and the \$1,500 Conditional Settlement Offer that was issued and request that it is withdrawn. For several years now there has been no water available in the dry creeks for diversion and therefore I have not completed any of the filings. I have informed someone at the Division department at 916-323-9393 on 12/14/16 of this as well. He has provided instructions on how to complete the filings and to report that no water has been diverted. The filings have been completed. I do not want any action taken against my License #10669 because there has been no water available for diversion.

Please call me at (209) 334-6583 for any questions.

Sincerely,



Jasbir S. Gill, M.D.

cc: John Prager, Staff Counsel Office of Enforcement
Sent via email to John.Prager@waterboards.ca.gov

enc.

NOTICE OF INTENT TO APPEAR FORM

(name of party or participant) Jasbir S. Gill, M.D. plans to participate in the water right hearing regarding the

(name of respondent and enforcement action) _____

**scheduled to commence on
February 13, or March 10, 2017**

1) Check only one (1) of the following two boxes:

- I/we intend to participate by cross-examination or rebuttal only. (Includes opening statement.)
- I/we plan to call the following witnesses to testify at the hearing: (Includes opening statement, cross-examination, and rebuttal.) **(At least one (1) row of Table below must be fully completed if this box is checked.)**

NAME	SUBJECT OF PROPOSED TESTIMONY	ESTIMATED LENGTH OF DIRECT TESTIMONY	EXPERT WITNESS (YES/NO)

(If more space is required, please add additional pages.)

2) Fill in the following information of the Participant, Party, Attorney, or Other Representative:

Name (Type or Print): Jasbir S. Gill, M.D.

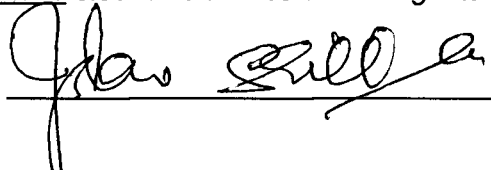
Mailing Address: P.O. Box 1450, Lodi CA 95241

Phone Number: 209-334-6583 Fax Number: 209-334-2416

E-mail Address: gillmed@sbcglobal.net

Optional:

- I/we decline electronic service of hearing-related materials.

Signature:  Dated: 12-29-16